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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Attorney Docket No.	PHA 23,891 (7790/183)
	Application Number	09/466,405
	Filing Date	DECEMBER 17, 1999
	First Named Inventor	FARRELL L. OSTLER
	Group Art Unit	2183
	Examiner	MEONSKE, T.

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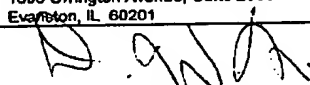
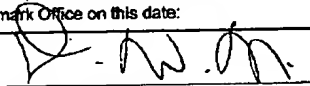
AUG 20 2003

GROUP 2100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response to a Final Office Action Dated May 19, 2003 <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Petition for Extension of Time Request (dup) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Post Card Receipt <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal <input type="checkbox"/> <input type="checkbox"/>
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Total		Minus		0	x \$9=	0		x \$18=	
Indep.		Minus		0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+ \$140=	—		+ \$280=	
					total add'l fee			total add'l fee	
					\$ 0			\$	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature			Date August 19, 2003
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Date: AUGUST 19, 2003

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